

INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Deliver *ONLY* to addressee
 ☐ Show address where delivered

(Additional charges required for these services)

RECEIPT

Received the numbered article described on other side.

SIGNATURE OR NAME OF ADDRESSEE *(must always be filled in)*

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED	SHOW WHERE DELIVERED <i>(only if requested)</i>
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C55-16-71548-5-F GPO

SEE INSTRUCTIONS
ON REVERSE SIDE.

REQUEST FOR POSTAGE

REQUIRED SERVICES			
<input type="checkbox"/> FIRST CLASS	<input type="checkbox"/> PARCEL POST	<input type="checkbox"/> OTHER (EXPLAIN FULLY)	
<input type="checkbox"/> AIR MAIL	<input type="checkbox"/> FILM OR BOOK RATE		
<input type="checkbox"/> SPECIAL DELIVERY	<input type="checkbox"/> INSURED (VALUE _____)		
<input type="checkbox"/> REGISTERED	<input type="checkbox"/> SPECIAL HANDLING		
<input type="checkbox"/> RETURN RECEIPT*	<input type="checkbox"/> DELIVER TO ADDRESSEE ONLY*		
*AVAILABLE ONLY ON REGISTERED AND INSURED MAIL			
ADDRESSEE		CENTRAL MAIL ONLY	
ADDRESS		DISPATCHED	
		DATE	TIME
		CLERK	
ORIGINATING OFFICE		POSTAGE AFFIXED	
DATE	EXTENSION	BY	

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